(Print Name of lobbyist)

#### STATE OF NEW HAMPSHIRE

#### 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 18 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

#### PLEASE PRINT

I. Name of Lobbyist(s) Robert Clegg, Debra Vanderbeek, Periklis Karoutas, Leann Moccia

(Flax)  (Telephone)  (Fax)	Legislative Solution			
Business Address: (Street) (Town/City) (State) (Zip Code)  (Business Address: (Street) (Town/City) (State) (Zip Code)  (Business Address: (Choose one — file separate reports for each client, OR you may file a separate report reportable expense transactions which are not attributable to any one client).  (All reportable transactions occurring in the months prior to the reporting date relative to the following client:    Injured Workers' Pharmacy (Full Name of Client as it appears on the Lobbyist Registration Form)    All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which intellected to any particular client.    V. Date of Report   April 25, 2018   July 25, 2018	(Name of partnership, fir	m or corporation)	-	
(Telephone)  (Fax)  (Fax)  (Telephone)  (Fax)  (	P.O. Box 10724	Bedford	NH	03110
III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate reporterportable expense transactions which are not attributable to any one client).  All reportable transactions occurring in the months prior to the reporting date relative to the following client:    Injured Workers' Pharmacy	Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(Telephone)  (All reportable transactions which are not attributable to any one client).  (Full Name of Client as it appears on the Lobbyist Registration Form)  (Telephone)  (Full Name of Client as it appears on the Lobbyist Registration Form)  (Telephone)  (Full Name of Client as it appears on the Lobbyist Registration Form)  (Telephone)  (Full Name of Client as it appears on the Lobbyist Registration Form)  (Full Name of Client as it appears on the Lobbyist Registration Form)  (Full Name of Client as it appears on the Lobbyist Registration Form)  (Full Name of Client as it appears on the Lobbyist Registration Form)  (Full Name of Client as it appears on the Lobbyist Registration Form)  (Full Name of Client as it appears on the Lobbyist Registration Form)  (Full Name of Client as it appears on the Lobbyist Registration Form)  (Full Name of Client as it appears on the Lobbyist Registration Form)  (Full Name of Client as it appears on the Lobbyist Registration Form)  (Full Name of Client as it appears on the Lobbyist Registration Form)  (Full Name of Client as it appears on the Lobbyist Registration Form)  (Full Name of Client as it appears on the Lobbyist Registration Form)  (Full Name of Client as it appears on the Lobbyist Registration Form)  (Full Name of Client as it appears on the Lobbyist Registration Form)  (Full Name of Client as it appears on the Lobbyist Registration Form)  (Full Name of Client as it appears on the Lobbyist Registration Form)  (Full Name of Client as it appears on the Lobbyist Registration Form)  (Full Name of Client as it appears on the Lobbyist Registration form at the following firm listed below which are relative to the Form of Client as it appears on the Lobbyist Registration form at the Form of Client as a sepa	603- 860-3682	( )	e-mail senclegg	@aol.com
All reportable transactions occurring in the months prior to the reporting date relative to the following client:    Injured Workers' Pharmacy (Full Name of Client as it appears on the Lobbyist Registration Form)   All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which in related to any particular client.   V. Date of Report   April 25, 2018   July	(Telephone)	(Fax)		
Injured Workers' Pharmacy   (Full Name of Client as it appears on the Lobbyist Registration Form)   All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which in related to any particular client.   IV. Date of Report   April 25, 2018   July 25, 2018   July 25, 2018   Activity from 41/18 to 630/18     October 31, 2018   July 25, 2018   Activity from 41/18 to 630/18     October 31, 2018   January 30, 2019   Activity from 7/1/18 to 9/30/18     Activity from 10/1/18 to 12/31/18     If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.   VI. Check if additional reports are attached:   If you have received fees or made expenditures, you must file Addendum A— Fees and Expenses   If you have paid an honorarium or reimbursed expenses, you must file Addendum B— Report of Honorariums or Expense Reimbursement   If you, your firm, or your family has made political contributions, you must file Addendum C— Political Contributions   Sworn Statement/Affirmation by Lobbyist have read RSA 15/RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is and complete to the best of my knowledge and belief.   April 9, 2018   April 9, 20	reportable expense transactions which	are not attributable to any	one client).	
(Full Name of Client as it appears on the Lobbyist Registration Form)  OR  All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which in related to any particular client.  V. Date of Report April 25, 2018   Reports cover: activity from date of registration to 3/31/18 activity from 4/1/18 to 6/30/18  October 31, 2018   January 30, 2019   activity from 7/1/18 to 9/30/18 activity from 10/1/18 to 12/31/18  V. There have been no fees received and no reportable transactions made since the last report.   ∫ this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.  VI. Check if additional reports are attached:  If you have received fees or made expenditures, you must file Addendum A− Fees and Expenses  If you have paid an honorarium or reimbursed expenses, you must file Addendum B− Report of Honorariums or expense Reimbursement  If you, your firm, or your family has made political contributions, you must file Addendum C− Political Contributions and complete to the best of my knowledge and belief.  April 9, 2018	All reportable transactions occurring	in the months prior to the re-	porting date relative to t	he following client:
(Full Name of Client as it appears on the Lobbyist Registration Form)  OR  All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which in the lobb	Injured	Workers' Pharmacy		
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Invelated to any particular client.	<u>OR</u>	·	· •	
October 31, 2018	•	yist (including the lobbyist'	s family), or the lobbying	ng firm listed below which
October 31, 2018     January 30, 2019	V. Date of Report April 25, 2018	X	• '	o
April 9, 2018  W. There have been no fees received and no reportable transactions made since the last report.  If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.  WI. Check if additional reports are attached:  If you have received fees or made expenditures, you must file Addendum A— Fees and Expenses  If you have paid an honorarium or reimbursed expenses, you must file Addendum B— Report of Honorariums or Expense Reimbursement  If you, your firm, or your family has made political contributions, you must file Addendum C— Political Contributions.  Sworn Statement/Affirmation by Lobbyist have read RSA 15/RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is and complete to the best of my knowledge and belief.  April 9, 2018				ð
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If you have received fees or made expenditures, you must file <b>Addendum A</b> — Fees and Expenses  If you have paid an honorarium or reimbursed expenses, you must file <b>Addendum B</b> — Report of Honorariums or Expense Reimbursement  If you, your firm, or your family has made political contributions, you must file <b>Addendum C</b> — Political Contributions.  Sworn Statement/Affirmation by Lobbyist  have read RSA 15/RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is and complete to the best of my knowledge and belief.  April 9, 2018				
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If you have paid an honorarium or reimbursed expenses, you must file <b>Addendum B</b> — Report of Honorariums or Expense Reimbursement  If you, your firm, or your family has made political contributions, you must file <b>Addendum C</b> — Political Contributions.  Sworn Statement/Affirmation by Lobbyist have read RSA 15/RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is and complete to the best of my knowledge and belief.  April 9, 2018	_		Idendum A Fees and E	Expenses
Sworn Statement/Affirmation by Lobbyist have read RSA 15/RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is and complete to the best of my knowledge and belief.  April 9, 2018	☐ If you have paid an honorarium or re			
have read RSA 15/RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is and complete to the best of my knowledge and belief.  April 9, 2018	☐ If you, your firm, or your family has	made political contributions	, you must file Addend	um C– Political Contribu
	I have read RSA 15/RSA 15-B, RSA 14-	-C and RSA 664 and hereby	swear or affirm that the	foregoing information is
, = 1 · · · · · · · · · · · · · · · · · ·	have read RSA 15/RSA 15-B, RSA 14	-C and RSA 664 and hereby		foregoing information is

### STATE OF NEW HAMPSHIRE

# **Lobbyists Fees and Expenses**

	Addendum A	
I. Name of Lobbyist(s) Robert Clegg, [	Debra Vanderbeek, Periklis Karouta	as, Leann Moccia
II. Name of lobbyist's partnership, f	irm or corporation, if any:	
Legislative Solutio (Name of partnership, firm or		
III. Name of Client Injured Workers' P	•	Date April 9, 2018
IV. Fees Received Indicate the gross amount of all fees received lobbying, including fees for services sincluding research, monitoring legislation reduced by any expenses:	uch as public advocacy, government	relations, or public relations services
a) Total of all fees received in this report	ing period	a) § 7500.00
Total of all fees received this calendar (This should equal the total of all price	year, prior to this reporting period or monthly reports for this calendar ye	b) \$ 0 ar)
e) Total of all fees received to date (Add lines a and b)		c) \$ <u>7500.00</u>
d) Indicate the amount of any such fees t yet been paid	hat are due, but have not	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms fees. Separate reports are to be filed for the lobbyist(s)/firm that are unrelated to Expenses are to be reported in one of the during the reporting period for salaries, individual expenses where the expenditur unch where the cost was \$25.00 or less, being lobbied, purchase of a ceremonial of c) an itemized statement of each individual the purpose not covered by (a) (for exa the expension of the sub- the expenses for a legislative reco- contributions will be reported on separate	expenditures made relative to each common any one client a separate report more categories of expenses: (a) the benefits, support staff, and office expenses of \$25.00 or less (for example purchase of a pen with a value of less object given to a person being lobbied all expenditure made during this report made in the purchase of a meal with value ject of lobbying with a value greater eption). Expenses for honorariums,	lient and if expenditures are made by lay be filed for the lobbyist(s)/firm. aggregate total of all expenses paid penses; (b) the aggregate total of all exmeals purchased during a business is than \$10 that is given to the person I with a value of \$25.00 or less); and ting period of greater than \$25.00 for expense of a than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this report staff, and office expenses, related		a) \$ 7500.00
b) Total aggregate of expenditures during in a), of \$25 or less.	this reporting period, not reported	b) \$ <u>0</u>
c) Total of all itemized expenditures repo	orted in detail in section VI.	c) \$ 0

c) Total of all itemized expenditures reported in detail in section VI.

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 7500.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>0</u>
f) Total of all expenses year to date	f) \$ 7500.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read/RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
to by to lean	April 9, 2018
(Signature of lobbyist)	(Date)
Robert Clegg	
(Print Name of lobbyist)	

,

### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

## **Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:**

Name of Lobbying part	nership, firm, or corpo	oration: Legislative Solutio	ns, L.L.C.
Name of Client (leave b	olank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client):	Injured W	orkers' Pharmacy	
Date of Report (check	one):		
April 25, 2018 💆	July 25, 2018 □	October 31, 2018 □	January 30, 2019 □
			nd Expenses described above, and umber of Addendum forms being
Addendum A(s	).		
Addendum B(s	).		
Addendum C(s	).		
I hereby swear or affirm complete to the best of		lief.	nt and each Addendum is true and
(Signature of lobbyist)	,		(Date)
Debra Vanderbe			

## State of New Hampshire

Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

## **Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:**

Name of Lobbying pa	rtnership, firm, or corpo	oration: Legislative Solution	ns, L.L.C.
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client):	Injured Workers' Pharmacy		
Date of Report (check	cone):		
April 25, 2018	July 25, 2018 🗆	October 31, 2018 □	January 30, 2019 □
-			nd Expenses described above, and umber of Addendum forms being
Addendum A	(s).		
Addendum B(	s).		
Addendum C(	s).		
•	rm that the foregoing in f my knowledge and be	lief.	nt and each Addendum is true and
(Signature of lobbyist)			(Date)
Periklis Karout	as		
(Print Name of Johnyi	st)		

## State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

## Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying parts	nership, firm, or corpo	ration: Legislative Solutio	ns, L.L.C.	
Name of Client (leave b	lank if Statement is fo	or the partnership, firm, or	corporation and not related to an	
particular client):	Injured W	Injured Workers' Pharmacy		
Date of Report (check o	one):			
April 25, 2018 🗖	July 25, 2018 □	October 31, 2018 □	January 30, 2019 □	
			nd Expenses described above, an umber of Addendum forms bein	
Addendum A(s)	).			
Addendum B(s)	).			
Addendum C(s)	).			
I hereby swear or affirm complete to the best of		lief.	nt and each Addendum is true ar	
(Signature of lobbyist)	•		(Date)	
Leann Moccia (Print Name of lobbyist	· · · · · · · · · · · · · · · · · · ·			